

OT/L APPLICATION FORM

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

P.O. BOX 1360
FRANKFORT, KY 40602
<http://bot.ky.gov>

A non-refundable application fee of \$50 (fifty dollars) shall be attached to this form.
Please make check or money order payable to the Kentucky State Treasurer.
Please mail the completed application and the application fee to the address listed above.

<input type="checkbox"/>	APPLICATION FOR A TEMPORARY PERMIT		COMMENTS
<input type="checkbox"/>	TEMPORARY PERMIT PRIOR TO FULL LICENSURE		

1.	Application Fee	<input type="checkbox"/>	
2.	Completed Application	<input type="checkbox"/>	
3.	Evidence of completion of education requirements and/or fieldwork (transcript/FEW)	<input type="checkbox"/>	
4.	Letter of Supervision Form stating:	<input type="checkbox"/>	
	A. Willing to provide supervision		
	B. Responsible for applicant's activities		
5.	Proof of permission to work in the US (non-citizen)	<input type="checkbox"/>	
5.	Confirmation of Eligibility letter (NBCOT)	<input type="checkbox"/>	

<input type="checkbox"/>	APPLICATION FOR FULL LICENSURE
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1.	Application Fee	<input type="checkbox"/>	
2.	Completed Application	<input type="checkbox"/>	
3.	Certified Copy of college transcript	<input type="checkbox"/>	
4.	Copy of large NBCOT certificate or score report	<input type="checkbox"/>	
5.	Permission to work in the US (non-citizen)	<input type="checkbox"/>	

<input type="checkbox"/>	APPLICATION FOR LICENSURE FOR THOSE LICENSED IN ANOTHER STATE
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1.	Application Fee	<input type="checkbox"/>	
2.	Completed Application	<input type="checkbox"/>	
3.	Copy of current or initial large NBCOT certificate or score report	<input type="checkbox"/>	
4.	Completion of state(s) verification form(s)	<input type="checkbox"/>	
5.	Permission to work in the US (non-citizen)	<input type="checkbox"/>	

AFFIDAVIT

I understand that passing the NBCOT exam does not constitute a license to practice Occupational Therapy. I shall instruct NBCOT to send electronic verification to KBLOT to demonstrate proof of passing the NBCOT exam. I understand that whether I am a temporary permit holder or an individual with a license from another state seeking a Kentucky license that I am not licensed in Kentucky until notified by KBLOT. 201 KAR 28:180

Signature:

Date:

BOARD USE ONLY

Date issued: _____

License Number: _____

1.	Name Last:	First:	Middle/Maiden:																		
2.	Address Street:	City/State:	Zip:																		
3.	Telephone	Work:	Mobile:																		
4.	Social Security Number																				
5.	Date of Birth MM/DD/YYYY																				
6.	Email address																				
7.	Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	If your answer was No, name country of citizenship and furnish the Board a copy of your US Department of Immigration documents which grant you legal permission to work in the United States. Country:																			
8.	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach an explanation.																			
9.	Have you been convicted of a misdemeanor or any violation involving moral turpitude? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach an explanation.																			
10.	Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
11.	Have you ever been licensed as an occupational therapist in any state? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered "yes" to the previous question, please list the licenses below; attach a separate piece of paper if needed: <table border="1"> <thead> <tr> <th>STATE</th> <th>LICENSE NUMBER</th> <th>EFFECTIVE DATES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		STATE	LICENSE NUMBER	EFFECTIVE DATES															
STATE	LICENSE NUMBER	EFFECTIVE DATES																			
12.	Have you ever been subjected to disciplinary action by a state licensure board, by NBCOT, or by the AOTA Standards & Ethics Commission? Yes <input type="checkbox"/> No <input type="checkbox"/>	If your answer was Yes, attach an explanation.																			
13.	Is your license as an occupational therapist currently under disciplinary review in another state? Yes <input type="checkbox"/> No <input type="checkbox"/>	If your answer was Yes, attach an explanation.																			
14.	Have you ever had an application for licensure as an occupational therapist rejected? Yes <input type="checkbox"/> No <input type="checkbox"/>	If your answer was Yes, attach an explanation.																			
15.	ACOTE Accredited Education Program: Degree or Diploma That Qualifies Applicant																				

	Name of School	City & State	Dates Attended	Type of Degree/Diploma
16.	Educational Fieldwork Experiences: Is 24 weeks of Level II Fieldwork posted to your transcripts? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, attach documentation	
17.	Employment history as an occupational therapist. Begin with current or proposed employment and account for all time. Attach a separate page if necessary.			
	Facility Name	City/State	Employment Dates Proposed, Present, Past	Position
APPLICATION AFFIDAVIT				
<p>I, the applicant in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.</p>				
APPLICANT'S SIGNATURE:			Date:	